



Rep. Fred Crespo

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1 AMENDMENT TO HOUSE BILL 2604

2 AMENDMENT NO. _____. Amend House Bill 2604 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Safe
5 Patient Limits Act.

6 Section 5. Definitions. In this Act:

7 "Couplet" means one mother and one baby.

8 "Critical trauma patient" means a patient who has an injury
9 to an anatomic area that (i) requires life-saving
10 interventions, or (ii) in conjunction with unstable vital
11 signs, poses an immediate threat to life or limb.

12 "Department" means the Department of Public Health.

13 "Facility" means a hospital licensed under the Hospital
14 Licensing Act or organized under the University of Illinois
15 Hospital Act, a private or State-owned and State-operated
16 general acute care hospital, an acute psychiatric hospital, an

1 acute care specialty hospital, or an acute care unit within a
2 health care facility.

3 "Health care workforce" means personnel employed by or
4 contracted to work at a facility that have an effect upon the
5 delivery of quality care to patients, including, but not
6 limited to, registered nurses, licensed practical nurses,
7 unlicensed assistive personnel, service, maintenance,
8 clerical, professional, and technical workers, and other
9 health care workers.

10 "Immediate postpartum patients" means those patients who
11 have given birth within the previous 2 hours.

12 "Nursing care" means care that falls within the scope of
13 practice as defined in the Nurse Practice Act or is otherwise
14 encompassed within recognized standards of nursing practice,
15 including assessment, nursing diagnosis, planning,
16 intervention, evaluation, and patient advocacy.

17 "Registered nurse" means a competent registered nurse who
18 has accepted a direct, hands-on patient care assignment to
19 implement the nursing care plan for that patient and the
20 nursing process while, at all times, exercising independent
21 professional judgment in the exclusive interest of the patient.

22 "Specialty care unit" means a unit which is organized,
23 operated, and maintained to provide care for a specific medical
24 condition or a specific patient population.

25 For the purposes of this Act, a patient is considered
26 assigned to a registered nurse if the registered nurse accepts

1 responsibility for the patient's nursing care.

2 Section 10. Maximum patient assignments for registered
3 nurses.

4 (a) The maximum number of patients assigned to a registered
5 nurse in a facility shall not exceed the limits provided in
6 this Section. However, nothing shall preclude a facility from
7 assigning fewer patients to a registered nurse than the limits
8 provided in this Section.

9 (b) In all units with critical care or intensive care
10 patients, including, but not limited to, coronary care, acute
11 respiratory, burn, or neonatal intensive care patients, the
12 maximum patient assignment of critical care patients to a
13 registered nurse is 2.

14 (c) In all units with step-down or intermediate care
15 patients, the maximum patient assignment of step-down or
16 intermediate care patients to a registered nurse is 3.

17 (d) In all units with postanesthesia care patients, the
18 maximum patient assignment of postanesthesia care patients
19 under the age of 18 to a registered nurse is one. The maximum
20 patient assignment of postanesthesia care patients 18 years of
21 age or older to a registered nurse is 2.

22 (e) In all units with operating room patients, the maximum
23 patient assignment of operating room patients to a registered
24 nurse is one, provided that a minimum of one additional person
25 serves as a scrub assistant for each patient.

1 (f) In the emergency department:

2 (1) In a unit providing basic emergency medical
3 services or comprehensive emergency medical services, the
4 maximum patient assignment at any time to a registered
5 nurse is 3.

6 (2) The maximum assignment of critical care emergency
7 patients to a registered nurse is 2. A patient in the
8 emergency department shall be considered a critical care
9 patient when the patient meets the criteria for admission
10 to a critical care service area within the hospital.

11 (3) The maximum assignment of critical trauma patients
12 in an emergency unit to a registered nurse is one.

13 (4) At least one direct care registered professional
14 nurse shall be assigned to triage patients. The direct care
15 registered professional nurse assigned to triage patients
16 shall be immediately available at all times to triage
17 patients when they arrive in the emergency department. The
18 direct care registered professional nurse assigned to
19 triage patients shall perform triage functions only.

20 (g) In all units with maternal child care patients:

21 (1) The maximum patient assignment to a registered
22 nurse of antepartum patients requiring continuous fetal
23 monitoring is 2.

24 (2) The maximum patient assignment of other antepartum
25 patients to a registered nurse is 3.

26 (3) The maximum patient assignment of active labor

1 patients to a registered nurse is one.

2 (4) The maximum patient assignment during birth is one
3 registered nurse responsible for the mother and, for each
4 baby born, one registered nurse whose sole responsibility
5 is that baby.

6 (5) The maximum patient assignment of immediate
7 postpartum patients is one couplet, and in the case of
8 multiple births, one nurse for each additional baby.

9 (6) The maximum patient assignment of postpartum
10 patients to a registered nurse is 6 patients or 3 couplets.

11 (h) In all units with pediatric patients, the maximum
12 patient assignment of pediatric patients to a registered nurse
13 is 4.

14 (i) In all units with psychiatric patients, the maximum
15 patient assignment of psychiatric patients to a registered
16 nurse is 4.

17 (j) In all units with medical and surgical patients, the
18 maximum patient assignment of medical or surgical patients to a
19 registered nurse is 4.

20 (k) In all units with telemetry patients, the maximum
21 patient assignment of telemetry patients to a registered nurse
22 is 3.

23 (l) In all units with observational patients, the maximum
24 patient assignment of observational patients to a registered
25 nurse is 4.

26 (m) In all units with acute rehabilitation patients, the

1 maximum patient assignment of acute rehabilitation patients to
2 a registered nurse is 4.

3 (n) In all specialty care units, the maximum patient
4 assignment to a registered nurse is 4.

5 (o) In all units with conscious sedation patients, the
6 maximum patient assignment of conscious sedation patients to a
7 registered nurse is one.

8 (p) In any unit not otherwise listed in this Section, the
9 maximum patient assignment to a registered nurse is 4.

10 Section 15. Use of rapid response teams as first responders
11 prohibited. A rapid response team nurse shall not be given
12 direct care patient assignments while assigned as a nurse
13 responsible for responding to a rapid response team request.

14 Section 20. Implementation by a facility.

15 (a) A facility shall implement the patient limits
16 established by Section 10 without diminishing the staffing
17 levels of the facility's health care workforce.

18 (b) There shall be no averaging of the number of patients
19 and the total number of registered nurses in each clinical unit
20 or patient care area in order to meet the limits established
21 under this Act.

22 (c) Only registered nurses providing direct patient care
23 must comply with the patient limits under Section 10. Nurse
24 administrators, nurse supervisors, nurse managers, charge

1 nurses, case managers, ancillary staff, unlicensed personnel,
2 or any other hospital administrator or supervisor shall not be
3 required to comply with the patient limits under Section 10.

4 (d) Identifying a clinical unit or patient care area by a
5 name or term other than those listed in this Act does not
6 affect a facility's requirement to staff the unit consistent
7 with the patient limits identified for the level of intensity
8 or type of care described in this Act.

9 (e) A registered nurse providing direct care to a patient
10 has the authority to determine if a change in the patient's
11 status places the patient in a different category requiring a
12 different patient limit under Section 10.

13 (f) A registered nurse may determine that additional
14 ancillary staff, such as licensed practical nurses, certified
15 nursing assistants, or other ancillary staff, excluding
16 medical assistants, are needed in order to provide safe care.

17 (g) A facility shall not employ video monitors or any form
18 of electronic visualization of a patient as a substitute for
19 the direct observation required for patient assessment by the
20 registered nurse or for patient protection. Video monitors or
21 any form of electronic visualization of a patient shall not
22 constitute compliance with the patient limits under Section 10.

23 Section 25. Changes in patient census.

24 (a) A facility shall plan for routine fluctuations in its
25 patient census, including, but not limited to, admissions,

1 discharges, and transfers.

2 (b) If a health care emergency causes a change in the
3 number of patients in a clinical care unit or patient care
4 area, a facility must be able to demonstrate that immediate and
5 diligent efforts were made to maintain required staffing levels
6 under this Act. For purposes of this subsection, "health care
7 emergency" means an emergency declared by the federal
8 government or the head of a State or local governmental entity.

9 Section 30. Record of staff assignments. A facility shall
10 keep a record of the actual direct care registered professional
11 nurse, licensed practical nurse, certified nursing assistant,
12 and other ancillary staff assignments to individual patients
13 documented on a day-to-day, shift-by-shift basis and shall keep
14 copies of its staff assignments on file for a period of 7
15 years.

16 Section 35. Implementation by the Department. The
17 Department shall adopt rules governing the implementation and
18 operation of this Act.

19 Section 40. Patient acuity systems. Nothing in this Act
20 precludes the use of patient acuity systems consistent with
21 Section 10.10 of the Hospital Licensing Act. However, the
22 maximum patient assignments in Section 10 shall not be exceeded
23 regardless of the use and application of any patient acuity

1 system.

2 Any method, software, or tool used to create or evaluate a
3 staffing plan adopted by a facility shall be established in
4 coordination with direct care registered professional nurses
5 and shall be transparent in all respects, including disclosure
6 of detailed documentation of the methodology used to determine
7 nurse staffing and identifying each factor, assumption, and
8 value used in applying the methodology. The Department shall
9 establish procedures to ensure that the documentation
10 submitted under this Section is available for public inspection
11 in its entirety.

12 Section 45. Training. All facilities shall adopt written
13 policies and procedures for the training and orientation of
14 nursing staff. No registered nurse shall be assigned to a
15 nursing unit or clinical area unless that nurse has first
16 received training and orientation in that clinical area that is
17 sufficient to provide competent care to patients in that area
18 and has demonstrated competence in providing care in that area.
19 The written policies and procedures for that training and
20 orientation of nursing staff shall require that all temporary
21 personnel receive the same amount and type of training and
22 orientation that is required for permanent staff.

23 Section 50. Enforcement. A facility's failure to adhere to
24 the limits set by Section 10 shall be reported by the

1 Department to the Attorney General for enforcement, for which
2 the Attorney General may bring action in a court of competent
3 jurisdiction seeking injunctive relief and civil penalties. A
4 separate and distinct violation, for which the facility shall
5 be subject to a civil penalty of up to \$25,000, shall be deemed
6 to have been committed on each day during which any violation
7 continues after receipt of written notice of the violation from
8 the Department by the facility. The requirements of this Act,
9 and its enforcement, shall be suspended during a public health
10 emergency declared by the State or federal government.

11 Section 55. Whistleblower protection.

12 (a) A registered professional nurse may object to or refuse
13 to participate in any activity, practice, assignment, or task
14 if:

15 (1) in good faith, the nurse reasonably believes it to
16 be a violation of the direct care registered professional
17 nurse-to-patient ratios established under this Act; or

18 (2) the nurse is not prepared by education, training,
19 or experience to fulfill the assignment without
20 compromising the safety of any patient or jeopardizing the
21 license of the nurse.

22 (b) A facility shall not retaliate, discriminate, or
23 otherwise take adverse action in any manner with respect to any
24 aspect of a nurse's employment, including discharge,
25 promotion, compensation, or terms, conditions, or privileges

1 of employment, based on the nurse's refusal to complete an
2 assignment under subsection (a).

3 (c) A facility shall not file a complaint against a
4 registered professional nurse with the Board of Nursing based
5 on the nurse's refusal to complete an assignment under
6 subsection (a).

7 (d) A facility shall not retaliate, discriminate, or
8 otherwise take adverse action in any manner against any person
9 or with respect to any aspect of a nurse's employment,
10 including discharge, promotion, compensation, or terms,
11 conditions, or privileges of employment, based on that nurse's
12 or that person's opposition to any hospital policy, practice,
13 or action that the nurse in good faith believes violates this
14 Act.

15 (e) A facility shall not retaliate, discriminate, or
16 otherwise take adverse action against any patient or employee
17 of the facility or any other individual on the basis that the
18 patient, employee, or individual, in good faith, individually
19 or in conjunction with another person or persons, has presented
20 a grievance or complaint, or has initiated or cooperated in any
21 investigation or proceeding of any governmental entity,
22 regulatory agency, or private accreditation body, made a civil
23 claim or demand, or filed an action relating to the care,
24 services, or conditions of the facility or of any affiliated or
25 related facilities.

26 (f) A facility shall not do either of the following:

1 (1) Interfere with, restrain, or deny the exercise of,
2 or attempt to deny the exercise of, a right conferred under
3 this Act.

4 (2) Coerce or intimidate any individual regarding the
5 exercise of, or an attempt to exercise, a right conferred
6 by this Act.

7 Section 60. Severability. The provisions of this Act are
8 severable, and if any clause, sentence, paragraph, subsection,
9 or Section of this law or any application thereof shall be
10 adjudged by any court of competent jurisdiction to be invalid,
11 such judgment shall not affect, impair, or invalidate the
12 remainder thereof but shall be confined in its operation to the
13 clause, sentence, paragraph, subsection, Section, or
14 application adjudged invalid and such clause, sentence,
15 paragraph, subsection, Section, or application shall be
16 reformed and construed so that it would be valid to the maximum
17 extent permitted.

18 Section 85. The Hospital Licensing Act is amended by
19 changing Section 10.10 as follows:

20 (210 ILCS 85/10.10)

21 Sec. 10.10. Nurse Staffing by Patient Acuity.

22 (a) Findings. The Legislature finds and declares all of the
23 following:

1 (1) The State of Illinois has a substantial interest in
2 promoting quality care and improving the delivery of health
3 care services.

4 (2) Evidence-based studies have shown that the basic
5 principles of staffing in the acute care setting should be
6 based on the complexity of patients' care needs aligned
7 with available nursing skills to promote quality patient
8 care consistent with professional nursing standards.

9 (3) Compliance with this Section promotes an
10 organizational climate that values registered nurses'
11 input in meeting the health care needs of hospital
12 patients.

13 (b) Definitions. As used in this Section:

14 "Acuity model" means an assessment tool selected and
15 implemented by a hospital, as recommended by a nursing care
16 committee, that assesses the complexity of patient care needs
17 requiring professional nursing care and skills and aligns
18 patient care needs and nursing skills consistent with
19 professional nursing standards.

20 "Department" means the Department of Public Health.

21 "Direct patient care" means care provided by a registered
22 professional nurse with direct responsibility to oversee or
23 carry out medical regimens or nursing care for one or more
24 patients.

25 "Nursing care committee" means an existing or newly created
26 hospital-wide committee or committees of nurses whose

1 functions, in part or in whole, contribute to the development,
2 recommendation, and review of the hospital's nurse staffing
3 plan established pursuant to subsection (d).

4 "Registered professional nurse" means a person licensed as
5 a Registered Nurse under the Nurse Practice Act.

6 "Written staffing plan for nursing care services" means a
7 written plan for guiding the assignment of patient care nursing
8 staff based on multiple nurse and patient considerations that
9 yield minimum staffing levels for inpatient care units and the
10 adopted acuity model aligning patient care needs with nursing
11 skills required for quality patient care consistent with
12 professional nursing standards.

13 (c) Written staffing plan.

14 (1) Every hospital shall implement a written
15 hospital-wide staffing plan, recommended by a nursing care
16 committee or committees, that provides for minimum direct
17 care professional registered nurse-to-patient staffing
18 needs for each inpatient care unit. The written
19 hospital-wide staffing plan shall include, but need not be
20 limited to, the following considerations:

21 (A) The complexity of complete care, assessment on
22 patient admission, volume of patient admissions,
23 discharges and transfers, evaluation of the progress
24 of a patient's problems, ongoing physical assessments,
25 planning for a patient's discharge, assessment after a
26 change in patient condition, and assessment of the need

1 for patient referrals.

2 (B) The complexity of clinical professional
3 nursing judgment needed to design and implement a
4 patient's nursing care plan, the need for specialized
5 equipment and technology, the skill mix of other
6 personnel providing or supporting direct patient care,
7 and involvement in quality improvement activities,
8 professional preparation, and experience.

9 (C) Patient acuity and the number of patients for
10 whom care is being provided.

11 (D) The ongoing assessments of a unit's patient
12 acuity levels and nursing staff needed shall be
13 routinely made by the unit nurse manager or his or her
14 designee.

15 (E) The identification of additional registered
16 nurses available for direct patient care when
17 patients' unexpected needs exceed the planned workload
18 for direct care staff.

19 (2) In order to provide staffing flexibility to meet
20 patient needs, every hospital shall identify an acuity
21 model for adjusting the staffing plan for each inpatient
22 care unit.

23 (3) The written staffing plan shall be posted in a
24 conspicuous and accessible location for both patients and
25 direct care staff, as required under the Hospital Report
26 Card Act. A copy of the written staffing plan shall be

1 provided to any member of the general public upon request.

2 (d) Nursing care committee.

3 (1) Every hospital shall have a nursing care committee.
4 A hospital shall appoint members of a committee whereby at
5 least 50% of the members are registered professional nurses
6 providing direct patient care.

7 (2) A nursing care committee's recommendations must be
8 given significant regard and weight in the hospital's
9 adoption and implementation of a written staffing plan.

10 (3) A nursing care committee or committees shall
11 recommend a written staffing plan for the hospital based on
12 the principles from the staffing components set forth in
13 subsection (c). In particular, a committee or committees
14 shall provide input and feedback on the following:

15 (A) Selection, implementation, and evaluation of
16 minimum staffing levels for inpatient care units.

17 (B) Selection, implementation, and evaluation of
18 an acuity model to provide staffing flexibility that
19 aligns changing patient acuity with nursing skills
20 required.

21 (C) Selection, implementation, and evaluation of a
22 written staffing plan incorporating the items
23 described in subdivisions (c)(1) and (c)(2) of this
24 Section.

25 (D) Review the following: nurse-to-patient
26 staffing guidelines for all inpatient areas; and

1 current acuity tools and measures in use.

2 (4) A nursing care committee must address the items
3 described in subparagraphs (A) through (D) of paragraph (3)
4 semi-annually.

5 (e) Nothing in this Section 10.10 shall be construed to
6 limit, alter, or modify any of the terms, conditions, or
7 provisions of a collective bargaining agreement entered into by
8 the hospital.

9 (f) A hospital shall not directly assign any unlicensed
10 personnel to perform registered professional nurse functions
11 in lieu of care delivered by a registered professional nurse
12 and shall not assign unlicensed personnel to perform registered
13 professional nurse functions under the supervision of a direct
14 care registered professional nurse.

15 (g) Unlicensed personnel shall not be required to perform
16 tasks that require the clinical assessment, professional
17 judgment, and skill of a licensed registered professional
18 nurse, including, but not limited to, the following: activities
19 that require a nursing assessment or nursing judgment during
20 implementation; physical, psychological, and social
21 assessments that require nursing judgment, intervention,
22 referral, or follow-up; formulation of a plan of nursing care
23 and evaluation of a patient's response to the care provided;
24 and administration of medications.

25 (Source: P.A. 96-328, eff. 8-11-09; 97-423, eff. 1-1-12;
26 97-813, eff. 7-13-12.)

1 Section 90. The Nurse Practice Act is amended by adding
2 Sections 50-15.1, 50-15.5, 50-15.10, and 50-15.15 as follows:

3 (225 ILCS 65/50-15.1 new)

4 Sec. 50-15.1. Functions generally.

5 (a) A direct care registered professional nurse, holding a
6 valid license to practice as a registered professional nurse,
7 employing scientific knowledge and experience in the physical,
8 social, and biological sciences, and exercising independent
9 professional judgment in applying the nursing process in the
10 exclusive interests of a patient, shall directly perform the
11 following essential functions:

12 (1) Continuous and ongoing comprehensive nursing
13 assessments of a patient's condition based upon the
14 independent professional judgment of the direct care
15 registered professional nurse.

16 (2) Planning, implementation, and evaluation of the
17 nursing care provided to each patient. The implementation
18 of nursing care may be assigned by the direct care
19 registered professional nurse responsible for the patient
20 to other licensed nursing staff or to unlicensed staff,
21 subject to any limitations of the licensure,
22 certification, level of validated competency, or
23 applicable law concerning such staff. In any case, however:

24 (A) The direct care registered professional nurse

1 assigned to a patient must determine in her or his
2 professional judgment that nursing personnel to be
3 assigned patient care tasks possess the necessary
4 preparation and capability to competently perform the
5 assigned tasks.

6 (B) The direct care registered professional nurse
7 may assign the implementation of nursing care only when
8 the registered professional nurse is physically
9 present and available.

10 (3) Assessment, planning, implementation, and
11 evaluation of patient education, including ongoing
12 discharge education of each patient.

13 (b) The planning and delivery of patient care shall: (i)
14 reflect all elements of the nursing process, including
15 comprehensive nursing assessment, nursing diagnosis, planning,
16 intervention, evaluation, and, as circumstances require,
17 patient advocacy; and (ii) be initiated by a direct care
18 registered professional nurse at the time of a patient's
19 admission to the hospital.

20 (c) A nursing plan for a patient's care shall be discussed
21 with and developed as a result of coordination with the
22 patient, the patient's family, or other representatives of the
23 patient, when appropriate, and staff of other disciplines
24 involved in the care of the patient.

25 (d) A direct care registered professional nurse shall
26 evaluate the effectiveness of the care plan through: (i)

1 comprehensive nursing assessments based on direct observation
2 of the patient's physical condition and behavior, signs and
3 symptoms of illness, and reactions to treatment; and (ii)
4 communication with the patient and other caregivers as
5 applicable. The direct care registered professional nurse
6 shall modify the plan as needed.

7 (e) Information related to the patient's initial
8 comprehensive nursing assessment and reassessments, nursing
9 diagnosis, plan, intervention, evaluation, and patient
10 advocacy shall be permanently recorded, as narrative
11 registered professional nurse progress notes, in the patient's
12 medical record. The practice of "charting by exception" is
13 expressly prohibited.

14 (225 ILCS 65/50-15.5 new)

15 Sec. 50-15.5. Patient assessment.

16 (a) Patient assessment requires: (i) direct observation of
17 the patient's signs and symptoms of illness, reaction to
18 treatment, behavior and physical condition; and (ii)
19 interpretation of information obtained from the patient and
20 others, including other caregivers, as applicable.

21 (b) Only a direct care registered professional nurse who is
22 physically present with the patient is authorized to perform
23 patient assessments. A licensed practical nurse may assist a
24 direct care registered professional nurse in data collection.

1 (225 ILCS 65/50-15.10 new)

2 Sec. 50-15.10. Determining nursing care needs of patients.

3 (a) The nursing care needs of each individual patient shall
4 be determined by a direct care registered professional nurse
5 through the process of ongoing comprehensive nursing
6 assessments, nursing diagnosis, and formulation and adjustment
7 of nursing care plans.

8 (b) The prediction of individual patient nursing care needs
9 for prospective assignment of direct care registered
10 professional nurses shall be based on individual comprehensive
11 nursing assessments by the direct care registered professional
12 nurse assigned to each patient.

13 (225 ILCS 65/50-15.15 new)

14 Sec. 50-15.15. Independent professional judgment.

15 (a) Competent performance of the essential functions of a
16 direct care registered professional nurse requires the
17 exercise of independent professional judgment in the exclusive
18 interests of the patient. The exercise of such independent
19 professional judgment, unencumbered by the commercial or
20 revenue-generation priorities of a hospital, long term acute
21 care hospital, or ambulatory surgical treatment center or other
22 employing entity of a direct care registered professional
23 nurse, is necessary to ensure safe, therapeutic, effective, and
24 competent treatment of hospital patients and is essential to
25 protect the health and safety of the people of Illinois.

1 (b) The exercise of independent professional judgment by a
2 direct care registered professional nurse in the performance of
3 the essential functions, as described in paragraphs (1), (2),
4 and (3) of subsection (a) of Section 15-1, shall be provided in
5 the exclusive interests of the patient and shall not, for any
6 purpose, be considered, relied upon, or represented as a job
7 function, authority, responsibility, or activity undertaken in
8 any respect for the purpose of serving the business,
9 commercial, operational, or other institutional interests of
10 the hospital.

11 (c) No hospital, long term acute care hospital, ambulatory
12 surgical treatment center, or other health care institution
13 shall utilize technology that:

14 (1) limits a direct care registered professional nurse
15 in performing functions that are part of the nursing
16 process, including full exercise of independent
17 professional judgment in assessment, planning,
18 implementation and evaluation of care; or

19 (2) limits a direct care registered professional nurse
20 in acting as a patient advocate in the exclusive interests
21 of the patient.

22 Technology shall not be skill-degrading, interfere with a
23 direct care registered professional nurse's provision of
24 individualized patient care, or override a direct care
25 registered professional nurse's independent professional
26 judgment."